



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

02/11/2008

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NJD986593622

INSTALLATION NAME: COLLAGEN MATRIX INC

INSTALLATION ADDRESS : 509 COMMERCE ST
FRANKLIN LAKES, NJ 07417

MAILING ADDRESS : 509 COMMERCE ST
FRANKLIN LAKES, NJ 07417

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: COLLAGEN MATRIX INC
or Current Occupant
ATTN: DONNA KOLESAR
509 COMMERCE ST
FRANKLIN LAKES, NJ, 07417**

**SEND COMPLETED****FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for
Submittal
(See instructions
on page 13.)**MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)****EPA ID Number**

NJID1918615131612121

**3. Site Name
(page 14)**

Name: Collagen Matrix, Inc.

**4. Site Location
Information
(page 14)**

Street Address: 509 Commerce Street

City, Town, or Village: Franklin Lakes

State: NJ

County Name: Bergen

Zip Code: 07417

**5. Site Land Type
(page 14)**Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the
Site (page 14)**

A. 339110

B. _____

C. _____

D. _____

**7. Site Mailing
Address
(page 15)**

Street or P. O. Box: same as item 4

City, Town, or Village:

State:

Country:

Zip Code:

**8. Site Contact
Person
(page 15)**

First Name: Donna

MI: M

Last Name: Kolesar

Phone Number:

201-405-1477

Extension:

220

Email address: dkolesar@

collagenmatrix.com

**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)****A. Name of Site's Operator:**

Alkar Associates

Date Became Operator (mm/dd/yyyy):

06/01/1997

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**B. Name of Site's Legal Owner:**

Alkar Associates

Date Became Owner (mm/dd/yyyy):

01/01/1985

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

| | | |
|---|---|------------------------|
| 9. Legal Owner (Continued) Address | Street or P. O. Box: <u>509 Commerce Street</u> | |
| | City, Town, or Village: <u>Franklin Lakes</u> | |
| | State: <u>New Jersey</u> | |
| | Country: <u>Bergen</u> | Zip Code: <u>07417</u> |

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

☒ ☐ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste

☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator

☐ ☒ **2. Transporter of Hazardous Waste**

☐ ☒ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

☐ ☒ **4. Recycler of Hazardous Waste (at your site)**

☐ ☒ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining

☐ ☒ **6. Underground Injection Control**

B. Universal Waste Activities

☐ ☒ **1. Large Quantity Handler of Universal Waste** (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that apply:

| | <u>Manage</u> |
|---------------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other (specify) | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> |

☐ ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

☐ ☒ **1. Used Oil Transporter**
If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

☐ ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

☐ ☒ **3. Off-Specification Used Oil Burner**

☐ ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| | | | | | | |
|------|------|------|--|--|--|--|
| D001 | D002 | U122 | | | | |
| | | | | | | |
| | | | | | | |

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

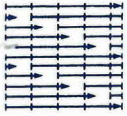
| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |

12. Comments (See instructions on page 21.)

Item 10. In the future the quantity of hazardous waste generated each month will be episodic, sometimes meeting the generation limits of SQG and other times meeting those of an LQG.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
| Donna Kolesar | Donna Kolesar Quality Assurance Manager | 11/30/07 |
| | Safety Officer | |
| | | |
| | | |



Collagen Matrix, Inc.

509 Commerce Street, Franklin Lakes, NJ 07417 • Tel: 201-405-1477 • Fax: 201-405-1355

3/1/07 - 5 AM 10:18

509 Commerce St.
Franklin Lakes, NJ 07417
Tel: (201) 405-1477 ext. 220
Fax: (201) 405-1355
E-mail: dkolesar@collagenmatrix.com

November 30, 2007

Attn: Jack Hoyt
U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, New York 10007-1866

Dear Mr. Hoyt,

Due to an increase in production at our facility we need to change our generator classification from an SQG to an LQG. In the future the quantity of hazardous waste generated each month will be episodic, sometimes meeting the generation limits of SQG and other times meeting those of an LQG.

We received your contact information and instructions for changing our status from our waste handler, Safety Kleen Systems, Inc., West Nyack, New York.

Enclosed please find the completed RCRA Subtitle C Site Identification Form. Our reason for the submittal is to provide Subsequent Notification of Regulated Waste Activity (to update site identification information).

Please contact us if there are any question or if you require additional information.

Sincerely,

Donna Kolesar
Quality Assurance Manager; Safety Officer
Collagen Matrix, Inc.



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

09/26/2005

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

| | |
|-------------------------------|---|
| EPA I.D. NUMBER: | NJD986593622 |
| INSTALLATION NAME: | COLLAGEN MATRIX INC |
| INSTALLATION ADDRESS : | 509 COMMERCE ST FRANKLIN LAKES, NJ 07417 |
| MAILING ADDRESS : | 509 COMMERCE ST FRANKLIN LAKES, NJ 07417 |

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: COLLAGEN MATRIX INC
or Current Occupant
ATTN: DONNA KOLESAR
509 COMMERCE ST
FRANKLIN LAKES, NJ 07417**

| | | | |
|---|---|--------------------------|--|
| SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | | 2005 SEP 22 PM 1:40 |
| 1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report | | |
| 2. Site EPA ID Number (page 14) | EPA ID Number <u>NJ D 986 593 622</u> | | |
| 3. Site Name (page 14) | Name: <u>Collagen Matrix, Inc.</u> | | |
| 4. Site Location Information (page 14) | Street Address: <u>509 Commerce Street</u> | | |
| | City, Town, or Village: <u>Franklin Lakes</u> | State: <u>New Jersey</u> | |
| | County Name: <u>Bergen</u> | Zip Code: <u>07417</u> | |
| 5. Site Land Type (page 14) | Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) | A. <u>339110</u> | B. _____ | |
| | C. _____ | D. _____ | |
| 7. Site Mailing Address (page 15) | Street or P. O. Box: <u>same as item 4</u> | | |
| | City, Town, or Village: _____ | | |
| | State: _____ | | |
| | Country: _____ | Zip Code: _____ | |
| 8. Site Contact Person (page 15) | First Name: <u>Donna</u> | MI: <u>M</u> | Last Name: <u>Kolesar</u> |
| | Phone Number: <u>201-405-1477</u> Extension: <u>110</u> | | Email address: <u>d.kolesar@collagenmatrix.com</u> |
| 9. Operator and Legal Owner of the Site (pages 15 and 16) | A. Name of Site's Operator: <u>AIkar Associates</u> | | Date Became Operator (mm/dd/yyyy): <u>06/01/1997</u> |
| | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| | B. Name of Site's Legal Owner: <u>AIkar Associates</u> | | Date Became Owner (mm/dd/yyyy): <u>01/01/1985</u> |
| | Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |

ENVIRONMENTAL PROTECTION
FEDERAL HAZARDOUS WASTES
F007, U112). Use an
RCRA 9000
BRANCH

2). Use an

RCRA PROGRAM
BRANCH

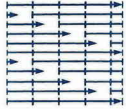
Additional page if

| | |
|--|--|
| | |
| | |
| | |

[illegible]

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
| <i>Donna Kolesar</i> | <i>Donna Kolesar Quality Assurance</i> | <i>9/20/05</i> |
| | <i>Safety officer Manager</i> | |
| | | |
| | | |



Collagen Matrix, Inc.

509 Commerce Street, Franklin Lakes, NJ 07417 • Tel: 201-405-1477 • Fax: 201-405-1355

2005 SEP 22 PM 1:40

RCRA PROGRAMS BRANCH

509 Commerce St.
Franklin Lakes, NJ 07417
Tel: (201) 405-1477 ext. 110
Fax: (201) 405-1355
E-mail: dkolesar@collagenmatrix.com

September 20, 2005

Attn: Jack Hoyt
U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, New York 10007-1866

Dear Mr. Hoyt,

We currently plan to transition from a CESQG to a SQG. We received your contact information and instructions for applying for an EPA number from our waste handler, Safety Kleen Systems, Inc., West Nyack, New York.

Enclosed please find the completed RCRA Subtitle C Site Identification Form. Our reason for the submittal is to obtain an EPA ID Number for hazardous waste. We are asking that the number be assigned as soon as possible.

Please contact us if there are any question or if you require additional information.

Sincerely,

Donna Kolesar
Quality Assurance Manager; Safety Officer
Collagen Matrix, Inc.

RCRA Site Detail

Report run on: September 26, 2005 - 8:40 AM

Page 3

NJD986593622 S C T INC

EPA Region 02 Extract Flag: X Facility Identifier: County: BERGEN

Basic Notes: EXTRACT_FLAG UPDATED OCT 2003 VIA SQL

| | | | | |
|------------------|------------------------|--------------------|-----------------------|--------------|
| Universes | Full Enforcement: ---- | Subj CA: | Perm Prgrs: ---- | Op Pmt GPRA: |
| Generator: N | Operating TSDF: ---- | Subj CA TSD 3004: | Perm Wrkld: ---- | PClos GPRA: |
| Transporter: | BOYSNC: | Subj CA TSD Discr: | Clos Wrkld: ---- | CA GPRA: |
| | SNC: | Subj CA Non-TSD: | Pclos Wrkld: ---- | CA HE EI: |
| | Annual BOY Enf: | CA Wrkld: | Controls in Place: No | CA GW EI: |

Activity Location: NJ Source Type: Implementer Seq. Number: 1 Receive Date: 15 OCT 1992

Other/Previous Site Name: S C T INC

Location 509 COMMERCE ST
Address: FRANKLIN LAKES, NJ 07417

Mailing 509 COMMERCE ST
Address: FRANKLIN LAKES, NJ 07417

Land Type: Bad code - Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: NORTHERN

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: HQ-N Not a Generator

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Transporter: No
Transfer Facility: No

Used Oil Fuel Marketer Activity

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Used Oil Processor and/or
Re-refiner Activity

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner: No

Processor: No
Refiner: No

Marketer who first claims the used
oil meets the specifications: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace
Exemption: Unknown

Underground
Injection Control: No

Destination Facility for
Universal Waste:

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: NONE

Activity Location: NJ Source Type: Notification Seq. Number: 1 Receive Date: 15 OCT 1990

Other/Previous Site Name: S C T INC

Location 509 COMMERCE ST
Address: FRANKLIN LAKES, NJ 07417

Mailing 509 COMMERCE ST
Address: FRANKLIN LAKES, NJ 07417

Contact Person ALBERT VOZEH 509 COMMERCE ST
For Source (201) 337-4212 FRANKLIN LAKES, NJ 07417
Information

Owner (current) NOT REQUIRED Type: Private
ALBERT G VOZEH NOT REQUIRED, WY 99999 Phone: (212) 555-1212
From: To:

Land Type: Bad code - Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: NORTHERN

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

RCRA Site Detail

Report run on: September 26, 2005 - 8:40 AM

Page 4

NJD986593622 S C T INC

Continued...

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State:

Transfer Facility: Unknown

Other Hazardous Waste Generator Activities

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace Exemption: Unknown

Used Oil Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

Transporter: No
Transfer Facility: No

Used Oil Fuel Marketer Activity

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner: No

Used Oil Processor and/or
Re-refiner Activity

Processor: No
Refiner: No

Marketer who first claims the used
oil meets the specifications: No

Underground
Injection Control: No

Destination Facility for
Universal Waste:

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D000, D007, X003

*** End of Report ***



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

11/01/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986593622

FACILITY NAME -> S C T INC

MAILING ADDRESS -> 509 COMMERCE ST
FRANKLIN LAKES, NJ 07417

INSTALLATION ADDRESS -> 509 COMMERCE ST
FRANKLIN LAKES, NJ 07417

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: VOZEH ALBERT PRES
S C T INC
509 COMMERCE ST
FRANKLIN LAKES, NJ 07417

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

90-10-15

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ0986593622

II. Name of Installation (Include company and specific site name)

SCT INCORPORATED

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

509 COMMERCE STREET

Street (continued)

City or Town

FRANKLIN LAKES

State

ZIP Code

NJ 07417-

County Code

County Name

BERGEN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

VOZEH

ALBERT

Job Title

Phone Number (area code and number)

PRESIDENT

201-337-4212

VI. Installation Contact Address (See Instructions)

A. Contact Address

B. Street or P.O. Box

Location

Mailing



City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ALBERT G VOZEH

Street, P.O. Box, or Route Number

509 COMMERCE STREET

City or Town

State

ZIP Code

FRANKLIN LAKES

NJ 07417-

Phone Number (area code and number)

201-337-4212

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

P

P

Yes

No

CV 3:15 W Vozeh Albert at 201 337 4212 10/15/90

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

| A. Hazardous Waste Activity | | B. Used Oil Fuel Activities | |
|---|---|---|--|
| <input checked="" type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ | <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control | <input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification | |

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. EP Toxic (D000) | (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)) |
|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | D007 |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|------|---|---|----|----|----|
| X003 | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| | | | | | |

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

| | | |
|-------------------------------------|--|-------------------------|
| Signature <i>Albert G. Vozeh</i> | Name and Official Title (type or print) Albert G. Vozeh President | Date Signed 10/12/90 |
|-------------------------------------|--|-------------------------|

XI. Comments

This application is for a one time use to pump out our septic tanks

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



State of New Jersey
Department of Environmental Protection and Energy

Environmental Regulation
Hazardous Waste Regulation Program
CN 028
Trenton, NJ 08625-0028

Scott A. Weiner
Commissioner

Frank Coolick
Administrator

Laura J. Livingston, Chief
USEPA, Region II
26 Federal Plaza
New York, New York 10278

OCT 9, 1992

Dear Ms. Livingston:

Enclosed is a copy of a letter from Vozeh Equip t/a SCT Inc NJD986593622
requesting the following information changes(s):

1. Company Name _____
2. Corporate Name/Ownership _____
3. Company Contact _____
4. Deactivate EPA ID Number _____
5. Notification Status to: TSD _____
Transporter _____
Generator _____
Non-Handler _____
S.Q. Generator X _____
6. Generator/Company Closure _____
7. Other _____

Please make the indicated changes to your RCRA notifiers address file. Your attention in this matter would be greatly appreciated.

Sincerely,

F. Scaccetti

Ferd Scaccetti,
Bureau of Manifest & Information Systems

CB:dag
Enclosure

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 028, 401 East State Street
Trenton, New Jersey 08625-0028

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 986593622

Company Name: Voze Equipment Corp. t/a SCT Incorporated

Site Address: 509 Commerce Street Franklin Lakes
(street) (city / town)
New Jersey 07417 20 1404
(state) (zip code) (lot) (block)

Mailing Address: 509 Commerce Street Franklin Lakes
(street / p.o. box) (city / town)
New Jersey 07417
(state) (zip code)

Company Contact: Albert G. Voze 201-337-4212
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☒ The EPA ID number was obtained for a one time cleanup which is completed.

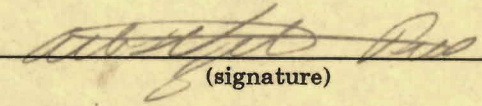
☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).

☒ Other This was a one time clean-up of our septic systems
and the number is longer needed. We presently have
a New Jersey NJX number

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Albert G. Voze
(printed name)


(signature)

President
(title)

September 23, 1992
(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant